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NAME OF T COMMITTEE (in full)	YPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
CARMENS LIS	<u> </u>	<u> </u>		
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ADDRESS (number and street)	190 BOX 14	1.098		
Check if different than previously reported. (ACC)	ORLANDO		FL 328	<u> </u>
2. FEC IDENTIFICATION NUM	IBER ▼ CIT	Y 🛦	STATE ▲	ZIP CODE ▲
C1004937		THIS NEW (N)	OR AMENDED)
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1 July 15 Quarterly Report (Q2 October 15 Quarterly Report (Q3 January 31 Year-End Report (YE July 31 Mid-Year	Report Due On: Mar (c) 12-Day PRE-Election Report for the: Election	20 (M2)	M6) Sep 20 (M9) M7) Oct 20 (M10 General (12G) Special (12S)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R)
Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Election	n on , , , , , , , , , , , , , , , , , ,	/ 7 7 7 7 7	in the State of
5. Covering Period		through	D'E9 a	DIG
I certify that I have examined this Type or Print Name of Treasurer	Report and to the best of	my knowledge and belief it	is true, correct and comple	ete.
Signature of Treasurer	Mulla	· J	Date [13]	13 CADIG
NOTE: Submission of false, erroned	us, or incomplete information	n may subject the person sign	ing this Report to the penal	ties of 52 U.S.C. § 30109